

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 51
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Delta Dental Plans Association PAC

Full Name (Last, First, Middle Initial)

A. Karen Green

Mailing Address 8454 Carriage Ln

City State Zip Code
 portland MI 48875

FEC ID number of contributing
federal political committee.

C

Name of Employer

Delta Dental of Michigan

Occupation

V.P. Quality Assurance & Informatics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 21 2011

Transaction ID : SA11AI.4346

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John Hall

Mailing Address 263 Pretty Brook Rd

City State Zip Code
 Princeton NJ 08540

FEC ID number of contributing
federal political committee.

C

Name of Employer

Delta Dental of New Jersey

Occupation

Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 29 2011

Transaction ID : SA11AI.4476

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kerry Hall

Mailing Address 718 Shadow Mtn Trail

City State Zip Code
 Cheyenne WY 82009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Delta Dental of Wyoming

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 29 2011

Transaction ID : SA11AI.4474

Amount of Each Receipt this Period

900.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2150.00